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CONFIRMATION NO. 5372

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APPLICANTS

Cliff Pemble, Olathe, KS;

Clayton E. Barber, Independence, MO;

** CONTINUING DATA ***** *NONE*** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 15	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>JLS</i>	Initials		

ADDRESS

Devon A. Rolf
c/o Garmin International, Inc
1200 East 151st Street
Olathe, KS
66062

TITLE

Space based augmentation system with hierarchy for determining geographical corrections source

FILING FEE RECEIVED 1514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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